

Mental Disabilities Board of Visitors

Standards for Site Reviews of Mental Health Facilities

Revision 3/1/10

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Standards for Site Reviews of Mental Health Facilities

1 Organizational Planning and Quality Improvement

Criteria - Planning

- 1.1 The mental health service produces and regularly reviews a strategic plan.
- 1.2 The strategic plan of the mental health service is developed and reviewed through a process of consultation with staff, clients, clients' family members, other appropriate service providers and the defined community.
- 1.3 The mental health service has operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives.

Criteria - Quality Improvement

- 1.4 The mental health service uses a process of continuous quality improvement to evaluate and improve all of its activities related to services to clients and clients' family members.
- 1.5 Designated staff of the mental health service are accountable and responsible for the continuous quality improvement process.
- 1.6 The mental health service is able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual clients.

2 Rights, Responsibilities, and Safety

Criteria - Rights and Responsibility

- 2.1 The mental health service defines the rights and responsibilities of and provides verbal and written information about rights and responsibilities to clients and clients' family members.
- 2.2 The mental health service actively promotes client access to independent advocacy services by:
 - providing verbal and written information to clients and clients' family members
 - prominently displaying in all of its facilities posters and brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program
- 2.3 The mental health service has an easily accessed, responsive, and fair complaint / grievance procedure for clients and clients' family members to follow.
- 2.4 The mental health service provides to clients and their family members at the time of entering services written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.

Criteria - Safety

- 2.5** The mental health service protect clients from abuse, neglect, and exploitation by its staff or agents.
- 2.6** The mental health service has fully implemented the requirements of 53-21-107, MCA with regard to reporting on and investigating allegations of abuse and neglect.
- 2.7** In investigations of allegations of abuse, neglect, or exploitation of clients by its staff or agents, the mental health service thoroughly analyzes the events and actions that preceded the alleged abuse, neglect, or exploitation – including actions and/or non-actions of its staff or agents.
- 2.8** After an allegation of abuse, neglect, or exploitation of a client by its staff or agents is determined to be substantiated, the mental health service debriefs all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – in order to decrease the potential for future recurrence.
- 2.9** Staff of the mental health service are regularly trained to understand and to skillfully and safely respond to aggressive and other difficult client behaviors.
- 2.10** The mental health service gives clients access staff of their own gender.
- 2.11** The mental health service uses special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, time out, etc. that is:
- clinically justified
 - properly monitored
 - implemented only when other less restrictive measures have failed
 - implemented only to the least extent necessary to protect the safety and health of the affected individual or others in the immediate environment.
- 2.12** The mental health service debriefs events involving special treatment procedures, emergency medications, aggression by clients against other clients or staff, and client self-harm; retrospectively analyzes how such events could have been prevented; and supports staff and clients during and after such events.

3 Client and Family Member / Carer Participation

Criteria

- 3.1** The mental health service identifies in the service record clients' family members and describes the parameters for communication with them regarding clients' treatment and for their involvement in treatment and support.
- 3.2** The mental health service assessments, treatment planning sessions, and treatment reviews proactively include the participation of clients and – with consent - clients' family members.
- 3.3** When a diagnoses are made, the mental health service provides clients and – with consent - clients' family members with information on the diagnosis, options for treatment and possible prognoses.
- 3.4** The mental health service proactively provides clients, and – with consent - clients' family members a copy of the treatment plan.

- 3.6** The mental health service promotes, encourages, and provides opportunities for client and family member/carer participation in the **operation** of its services. Examples are:

- participation in developing the strategic plan and plan for continuous quality improvement
- advisory groups
- participation in public meetings
- interviews and selection of prospective staff
- peer and staff education and training
- family and client peer support

The mental health service has written descriptions of these activities.

- 3.7** The mental health service promotes, encourages, and provides opportunities for client and family member/carer participation in the **evaluation** of its services. Examples are:

- client and family feedback about 'customer service'
- client and family feedback about the effectiveness of communication with clients and clients' family members
- client and family involvement in measurement of their own health and functional outcomes

The mental health service has written descriptions of these activities.

4 Cultural Competence

Criteria

- 4.1** The mental health service has a Cultural Competence Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning. The Cultural Competence Plan specifically emphasizes working with American Indian people.
- 4.2** The mental health service defines expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of the people served, with a specific emphasis on American Indian people.
- 4.3** The mental health service provides staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment of the people served, with a specific emphasis on American Indian people.
- 4.4** The mental health service's treatment plans take into account individually-identified cultural issues, and are developed by a culturally competent clinician or in consultation with such a clinician.
- 4.5** The mental health service develops links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with a specific emphasis on American Indian people.
- 4.6** The mental health service has a plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community served with a specific emphasis on American Indian people.
- 4.7** With regard to its own staff, the mental health service monitors and addresses issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people.
- 4.8** The mental health service analyzes the cultural / ethnic / religious / racial demographics of its catchment area with a specific emphasis on American Indian people.

5 Staff Competence, Training, Supervision, and Relationships with Clients

5.1 Competence and Training

Criteria

- 5.1.1 The mental health service defines optimum knowledge and competence expectations specific to working with people with mental illnesses and emotional disturbances for each staff position providing services to clients.
- 5.1.2 The mental health service has a written training curriculum for new staff focused on achieving optimum knowledge and competence expectations specific to working with people with mental illnesses and emotional disturbances defined for each position providing services to clients.
- 5.1.3 The mental health service trains new staff in job-specific knowledge and competence prior to working with clients OR requires new staff to demonstrate defined optimum knowledge and competence specific to working with people with mental illnesses and emotional disturbances prior to working with clients.
- 5.1.4 The mental health service provides staff opportunities for ongoing training including NAMI-MT Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences.
- 5.1.5 The mental health service periodically assesses current staff and identifies and addresses knowledge and competence deficiencies.

5.2 Supervision

Criteria

- 5.2.1 Supervisors are trained and held accountable for appropriately monitoring and overseeing the way clients are treated by line staff.
- 5.2.2 Supervisors are trained and held accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to clients by line staff according to their responsibilities as defined in treatment plans.

5.3 Relationships with Clients

Criteria

- 5.3.1 Mental health service staff demonstrate respect for clients by incorporating the following qualities into the relationship with clients:
 - active engagement
 - positive demeanor
 - empathy
 - calmness
 - validation of the desires of clients

5.4 Active Engagement with Clients

Criteria

- 5.4.1 Mental health service direct care staff (case managers, group home staff, day treatment staff, psychiatric technicians, etc.) demonstrate proactive, assertive, supportive, engagement with clients

in every applicable environment (including facility-based community programs, case management in the community, residential programs, group homes, hospital inpatient programs, etc.).

- 5.4.2 Mental health service professional staff are consistently present in all treatment environments interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful interactions.
- 5.4.3 Mental health service supervisors ensure that direct care staff spend their time with clients engaged in consistently positive, recovery-oriented incidental interactions.

6 Treatment and Support

6.1 General

Criteria

- 6.1.1 A written treatment plan is in place and is being implemented for every client receiving services from the mental health service.
- 6.1.2 A written discharge plan is in place for every client receiving services from the mental health service.
- 6.1.3 For all new or returning clients, the mental health service performs a thorough physical / medical examination or ensures that a thorough physical / medical examination has been performed within one year of the client entering / re-entering the service.
- 6.1.4 The mental health service links all clients to primary health services and ensures that clients have access to needed health care.
- 6.1.5 The mental health service proactively rules out medical conditions that may be responsible for presenting psychiatric symptoms.
- 6.1.6 The mental health service ensures that clients have access to needed dental care.

6.2 Evidence-Based Services

Criteria

- 6.2.1 The mental health service provides treatment and support to adults that incorporates the following SAMHSA-identified evidence-based practices: Illness Management and Recovery, Assertive Community Treatment, Family Psychoeducation, Supported Employment, Integrated Treatment for Co-occurring psychiatric and substance use disorders.
- 6.2.2 The mental health service provides treatment and support to adults in a manner that is consistent with the SAMHSA principles for recovery.

6.3 Housing

Criteria

- 6.3.1 The mental health service ensures that clients have access to safe, affordable, quality housing in locations that are convenient to community services and amenities.
- 6.3.2 The mental health service provides support and advocacy to clients in communicating and problem-solving with landlords.

- 6.3.3** The mental health service works closely with landlords to ensure that clients do not lose their housing during periods of hospitalization or other temporary out-of-community treatment, or other illness-related circumstances.
- 6.3.4** The mental health service provides access to and assistance with options for client home ownership.

6.4 Education

Criteria

- 6.4.1** The mental health service facilitates access to opportunities for continuing education.

6.5 Employment

Criteria

- 6.5.1** The mental health service assists clients to find and keep competitive employment through a supported employment model.

6.6 Co-Occurring Psychiatric and Substance Use Disorders

Criteria

- 6.6.1** The mental health service has fully implemented the protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders.

6.7 Crisis Response and Intervention Services

Criteria

- 6.7.1** The mental health service lists and advertises its crisis telephone number in a manner designed to achieve maximum visibility and ease of location to people in crisis and their family members.
- 6.7.2** The mental health service responds directly to all individuals who call its crisis telephone line, and - after responding to each caller's immediate need - refers callers who are not its clients to necessary services.
- 6.7.3** The mental health service follows up on crisis line callers whom it refers out to ensure that the outside provider received the referral.

6.8 Medication

Criteria

- 6.8.1** Medication prescription protocol is evidence-based and reflect internationally accepted medical standards.
- 6.8.2** Medication is prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines.
- 6.8.3** Clients and – with consent - clients' family members are provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of medication.

- 6.8.4** "Medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the client's distress and/or risk.
- 6.8.5** The mental health service ensures access for the client to the safest, most effective, and most appropriate medication and/or other technology.
- 6.8.6** The mental health service acknowledges and facilitates clients' right to seek opinions and/or treatments from other qualified prescribers and promote continuity of care by working effectively with other prescribers.
- 6.8.7** Where appropriate, the mental health service actively promotes adherence to medication through negotiation and education.
- 6.8.8** Wherever possible, the mental health service does not withdraw support or deny access to other treatment and support programs on the basis of clients' decisions not to take medication.
- 6.8.9** For new clients, there is timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment.
- 6.8.10** For current clients, there are regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questions / concerns.
- 6.8.11** When legitimate concerns or problems arise with prescriptions, clients have immediate access to a psychiatrist or mid-level practitioner.
- 6.8.12** Medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated.
- 6.8.13** Clients taking antipsychotic medication are monitored according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association.
- 6.8.14** Medication errors are documented.
- 6.8.15** There is a quality improvement process in place for assessing ways to decrease medication errors.
- 6.8.16** Rationale for prescribing and changing prescriptions for medications is documented in the clinical record.
- 6.8.17** There is a clear procedure for the use of medication samples.
- 6.8.18** Unused portions of medications and expired medications are disposed of appropriately using – when resources are available - the protocols described in SMARxT DISPOSAL^{TM 1}.
- 6.8.19** There is a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects.
- 6.8.20** There is a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects.
- 6.8.21** There are procedures in place for obtaining medications for uninsured or underinsured clients.
- 6.8.22** When a client who is transitioning to another service provider is taking psychotropic medications, the mental health service proactively facilitates the seamless continuation of access to those medications by ensuring that: (1) the client has an appointment with the physician who will be taking over psychotropic medication management, (2) the client has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the client's medication funding is established prior to the transition.

¹ <http://www.smarxtdisposal.net/>

7 Access and Entry

Criteria

- 7.1 Mental health services are convenient to the community and are linked to primary medical care providers.
- 7.2 The mental health service informs the community of its availability, range of services, and process for establishing contact.
- 7.3 For new clients, there is timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress.
- 7.4 An appropriately qualified and experienced staff person is available at all times - including after regular business hours - to assist clients to enter into mental health care.
- 7.5 The mental health service ensures that clients and their family members are able to, from the time of their first contact with the mental health service, identify and contact a single mental health professional responsible for coordinating their care.
- 7.6 The mental health service has a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly.

8 Continuity of Services Through Transitions

Criteria

- 8.1 The mental health service ensures smooth transitions of children into adult services.
- 8.2 The mental health service reviews the outcomes of treatment and support as well as ongoing follow-up arrangements with each client and - with consent - clients' family members prior to their exit from the service.
- 8.3 The mental health service provides clients and their family members with information on the range of relevant services and supports available in the community when they exit from the service.
- 8.4 When a client is transitioning to another service provider, the mental health service proactively facilitates involvement by that service provider in transition planning.
- 8.5 The mental health service ensures that clients referred to other service providers have established contact following exit from the mental health service.
- 8.6 If a client **was** receiving community mental health services prior to an inpatient or residential treatment admission, the community mental health service assumes primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment.
- 8.7 If a client **was not** receiving community mental health services prior to an inpatient or residential treatment admission, the inpatient or residential treatment service assumes primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment.
- 8.8 Leading up to and at the time of discharge from inpatient / residential treatment, both the community service **and** the inpatient service / residential treatment service communicate and coordinate in such a way as to ensure continuity of care. This coordination includes - with consent - involvement of family members/carers.

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